



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

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Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$211211864
Outpatient Patient Service Revenue	\$423820028
Total Gross Patient Service Revenue	\$635031892

2. Deductions From Revenue

Contractual Allowance	\$342376492
Other Deductions	\$58033725
Total Deductions	\$400410217

3. Total Operating Revenue

Net Patient Service Revenue	\$234621675
Other Operating Revenue	\$29635860
Total Operating Revenue	\$264257535

4. Operating Expenses

Salaries and Wages	\$103475547	Employee Benefits	\$28653819
Depreciation and Amortization	\$18214993	Interest Expense	\$5910957
Bad Debt	\$17808915	Other Expenses	\$63796091
Total Operating Expenses	\$237860322		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2677341	Total Assets	\$359416760
Net Non-operating Gains over Loss	\$7859807	Total Liabilities	\$165494504

Total Net Gains	\$10537148
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	34156734\$0	\$271787647	\$69779693
Medicaid	\$97854666	\$65236854	\$32617812
Other Government	\$11968404	\$8027324	\$3941080
Other State	\$0	\$0	\$0
Other Payers	\$183641481	\$55358392	\$128283089
Total	\$635031891	\$400410217	\$234621674

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$913039	\$1342339	\$-429300

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1218761	\$1769985	\$-551224
Hospital Patients	\$0	\$1761	\$-1761
Community Education	\$0	\$91799	\$-91799

Number of Medical Professionals Trained	59
Number of Hospital Patients Educated	534663
Number of Citizens Exposed to Health Education Messages	63809

Statement Six: Charity Statement
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Hospital Charity Charges	\$7652780
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2846834	
HCI Payments	\$0		
Subtotal	\$0	\$2846834	\$-2846834
Medicaid Shortfalls	\$32389894	\$36421507	
Subtotal	\$32389894	\$39268341	\$-6878447
DSH Payments	\$3,852,650		
Subtotal	\$36242544	\$39268341	\$-3025797
Medicare Shortfalls	\$82215259	\$127131365	
Other Government Programs	\$0	\$0	
Total	\$118457803	\$166399706	\$-47941903

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$37684	\$167024	\$-129340
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$158283	\$-158283
Other Allocations	\$0	\$113030	\$-113030

Comments

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